



APPLICATION FOR APPOINTMENT OF MANAGING GENERAL AGENTS (MGA) - IC 27-1-33-1 et.seq.

State Form 45979 (R/3-11)
Approved by State Board of Accounts 1994

☐ Initial Application

☐ Renewal Application

NOTE: Filing of this application does not give authority to your MGA. The MGA will receive a Certificate of Registration issued by the Department of Insurance upon approval.

Instructions:

- This application is to be completed by an insurer's representative for each MGA It utilizes.
- The initial application must be received by this Department within Thirty (30) days after entering into a contract with the MGA.
- The renewal application must be received by this Department Thirty (30) days prior to the MGA expiration date.
- All applications and materials must be received by mail; no emailed or faxed copies will be accepted.

The following documents MUST be submitted with this application. Please tab items in the order below.

1. Fee \$100.00
2. Original copy of Fidelity Bond renewal in the amount of \$_____.
3. Original copy of MGA's Errors and Omissions renewal policy in the amount of \$_____.
4. Managing General Agent contract per IC 27-1-33-7 and Contract Compliance Checklist. *(If there have been no changes to the existing agreement(s), or a new contract entered into, please provide a signed statement stating "Contract(s) previously filed is/are still in effect").*
5. Proof of licensure as an Indiana agent.
6. A listing of the current officers and directors.
7. Biographical affidavits for each **newly elected** officer, director, or partner of the applicant. Affidavits must be originally signed and notarized.
8. Independent financial examination.
9. Certificate of Gross Direct Written Premium. *(Required of renewals only)*

Full name of insurer

Statutory home address of insurer (street, city, state, ZIP code)

Mailing address of insurer (street, city, state, ZIP code)

Contact person of insurer & title

Email

Telephone number
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An MGA needs to be reported only if they bind ceding insurance contracts on behalf of an insurer, or they manage all or part of the insurance business of an insurer and underwrite an amount of gross direct written premium equal to or more than 5% of the policyholders' surplus. If an insurer has more than one MGA that meets these guidelines, a separate application must be completed for each.

Name of MGA

Federal Identification Number:

Agent Name

Agent License Number

Telephone number
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MGA address (street, city, state, ZIP code)

Contact person of MGA

Email

Telephone number
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Type MGA (check one)

() Individual () Partnership () Corporation

() Other _____

Lines of insurance authorized to transact (check all that apply)

() Life () Health and Accident () Property

() Casualty () Other _____

Duties to be performed in behalf of insurer:

This information that I have supplied is true and correct to the best of my knowledge. I have read the Indiana Insurance Code and regulations relative to MGAs and agree to abide with its provisions.

Signature		Title	Date Signed (month, day, year)
State of _____ County of _____ } SS _____			
Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.			
Subscribed and sworn to before me this _____ day of _____, 20____.			
Signature of Notary Public		Name of Notary Public (typed or printed)	
Date subscribed and sworn to	County of residence		My Commission expires: